



Company Name			DOT #	Contact Person
Street Address			Phone (With Area Code)	Fax (With Area Code)
City	State	Zip Code	E-mail Address	

Type of Permit Requested (Check One):				
<input type="checkbox"/> SR-9 Milepost 97.19 to Milepost 96.85 (Annual Only)				
<input type="checkbox"/> US-97 Milepost 336.48 to Milepost 331.22				
<input type="checkbox"/> Monthly				
<input type="checkbox"/> Annual				
Start Date: _____				

Vehicle Information

License Number		Complete VIN Number		Unit #
Truck (# of Axles)	Tractor (# of Axles)	Trailer(s) (# of Axles)	Power Unit Make	Power Unit Year
Licensed State/Province	WA Licensed Weight (Must be Licensed for WA to Max Legal)		Axle Spacing Report Number	

Signature / Charge Card Information

Credit Card Type <input type="radio"/> Visa <input type="radio"/> Mastercard	Bankcard #	Expiration Date
Print Name as it Appears on Credit Card	Signature	Date

Commercial Vehicle Services
7345 Linderson Way SW
PO Box 47367, Olympia, WA 98504-7367
Phone: 360-704-6340 / Fax: 360-704-6350
Web Site: www.wsdot.wa.gov/commercialvehicle

CVS Office Use Only
Date
Permit No.
Permit Fee